

Name: Tony Eugene Saffold
CDC No: E-62266
Address: P.O. Box 950
Folsom, CA 95763

FILED

DEC 02 2016

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Tony Eugene Saffold

Plaintiff/Petitioner,

v.

James Hartley, Warden

Defendants/Respondent.

CASE NUMBER: 1:10-cv-01295-LJO-MJS

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

I, Tony Eugene Saffold, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. Folsom State Prison

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. 24¢ an hour

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: Yes No

b. Rent payments, interest or dividends: Yes No

- c. Pensions, annuities or life insurance payments: Yes No
- d. Disability or workers compensation payments: Yes No
- e. Gifts or inheritances: Yes No
- f. Any other sources: Yes No

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary). My family sends money every once in a while.

- 4. Do you have cash (includes balance of checking or savings accounts)? Yes No

If "yes" state the total amount: N/A

- 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No

If "yes" describe the property and state its value: N/A

- 6. Do you have any other assets? Yes No

If "yes," list the asset(s) and state the value of each asset listed: N/A

- 7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

Just myself

This form must be dated and signed below for the court to consider your application.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

November 14, 2016
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 89.66 on account to his/her credit at FOLSOM STATE PRISON (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 183.09. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 75.00.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

11/16/16
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
E62266	SAFFOLD, TONY	FSP	A 001C5	028001

Current Available Balance: \$89.66

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
05/16/2016	FSP	BEGINNING BALANCE				\$19.29
05/21/2016	FSP	SALES	97		(\$13.05)	\$6.24
06/01/2016	FSP	INMATE DEPOSIT	8813 PC	9409	<u>\$100.00</u>	\$106.24
06/03/2016	FSP	I/M PAY - SUPPORT	B#05-13,MAY		\$30.72	\$136.96
06/08/2016	FSP	INMATE DEPOSIT	369 PC	9422	<u>\$100.00</u>	\$236.96
06/09/2016	FSP	SALES	36		(\$22.10)	\$214.86
06/13/2016	FSP	INMATE DEPOSIT	3044 PC	9426	<u>\$25.00</u>	\$239.86
06/16/2016	FSP	SALES	65		(\$10.35)	\$229.51
06/22/2016	FSP	SALES	54		(\$4.00)	\$225.51
06/23/2016	FSP	INMATE DEPOSIT	8815 PC	9444	<u>\$25.00</u>	\$250.51
07/07/2016	FSP	I/M PAY - SUPPORT	B#06-13,JUNE		\$31.20	\$281.71
07/12/2016	FSP	GROUP TRANSFER OUT	MP		(\$47.25)	\$234.46
07/14/2016	FSP	SALES	47		(\$88.45)	\$146.01
07/15/2016	FSP	SALES	129		(\$8.85)	<u>\$137.16</u>
08/04/2016	FSP	I/M PAY - SUPPORT	B#07-13,JULY		\$29.64	\$166.80
08/10/2016	FSP	INMATE DEPOSIT	3048 PC	9555	<u>\$100.00</u>	\$266.80
08/11/2016	FSP	SALES	96		(\$50.95)	\$215.85
08/12/2016	FSP	SALES	106		(\$0.55)	<u>\$215.30</u>
09/08/2016	FSP	I/M PAY - SUPPORT	B#08-13,AUGUST		\$34.32	\$249.62
09/09/2016	FSP	SALES	136		(\$46.55)	\$203.07
09/12/2016	FSP	GROUP TRANSFER OUT	CGAFR		(\$28.25)	\$174.82
09/21/2016	FSP	SALES	90		(\$7.65)	<u>\$167.17</u>
10/05/2016	FSP	SALES	8		(\$20.70)	\$146.47
10/06/2016	FSP	I/M PAY - SUPPORT	B#09-13,SEPT		\$31.20	\$177.67
10/12/2016	FSP	SALES	89		(\$12.20)	\$165.47
10/19/2016	FSP	SALES	77		(\$12.50)	\$152.97
10/21/2016	FSP	MEDICAL COPAY	DENTAL 4813264		(\$5.00)	\$147.97
10/21/2016	FSP	INMATE DEPOSIT	8598 PC	9716	<u>\$25.00</u>	\$172.97
10/21/2016	FSP	SALES	123		(\$10.65)	\$162.32
10/24/2016	FSP	GROUP TRANSFER OUT	PS		(\$23.55)	<u>\$138.77</u>
11/03/2016	FSP	I/M PAY - SUPPORT	B#10-13,OCT		\$29.64	\$168.41
11/04/2016	FSP	INMATE DEPOSIT	3066 PC	9743	<u>\$75.00</u>	\$243.41
11/07/2016	FSP	SALES	19		(\$46.50)	\$196.91
11/10/2016	FSP	SALES	19		(\$7.25)	<u>\$189.66</u>

Encumbrance List



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 11-16-16

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY T. Narathorn
TRUST OFFICE

Institution: FSP

Inmate Statement Report

Encumbrance Type	Transaction Date	Amount
Negotiable Hold Instruments	10/21/2016	\$25.00
Negotiable Hold Instruments	11/04/2016	\$75.00

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.				

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.						



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 11-16-16
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY P. Navarone
 TRUST OFFICE